2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000109036

City-St-Zip:

MIAMI, FL 33190

Entity Name: IDEAL HEALTH SERVICES CORPORATION

FILED May 01, 2003 Secretary of State

Current F	Principal Plac	e of Business:	New Principal Place o	New Principal Place of Business:	
22306 SW MIAMI, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
22306 SW MIAMI, FL					
FEI Number	r: 04-3587970	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
GREENE, 22306 SW MIAMI, FL					
	e named entity e of Florida.	submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATU	RE:				
Electronic Signature of Registered Agent			nt	Date	
	mpaign Financii	ng Trust Fund Contribution ().	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PD (GREENE, PA ⁻ 22306 SW 10		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA GREENE PD 05/01/2003